

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUN 18 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000012871

**1. Corporation Name**

Surratt Brothers Construction, Inc.

120 Clear Lake Lane  
P.O. Box 1410

**2. Principal Office Address**

120 Clear Lake Lane

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 1410

Suite, Apt. #, etc.

**City & State**

Hawthorne, Florida

**City & State**

Hawthorne, Florida

**Zip**

32640

**Country**

USA

**Zip**

32640

**Country**

USA

600038077516  
06/18/04--01007--005 \*\*750.00  
**REINSTATEMENT**

03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida** 02/05/2002

**5. FEI Number**  
37-1418242

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Susan Surratt

Street Address (P.O. Box Number is Not Acceptable)  
120 Clear Lake Lane

Suite, Apt. #, Etc.

City  
Hawthorne

State  
FL

Zip Code  
32640

600038077516  
06/18/04--01007--005 \*\*750.00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Susan Surratt*

REGISTERED AGENT MUST SIGN

Date 06/14/2004

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Kenneth Surratt	P.O. Box 1410/120 Clear Lk. Lane	Hawthorne, Florida 32640
Sec	Susan Surratt	P.O. Box 1410/120 Clear Lk. Lane	Hawthorne, Florida 32640

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

*Susan Surratt*

06/14/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

6